

State of Utah - Labor Commission
Division of Adjudication
 160 East 300 South, 3rd Floor, P.O. Box 146615
 Salt Lake City, Utah 84114-6615
Note: PLEASE TYPE OR PRINT IN BLACK INK

 Injured Employee

 Medical Care Provider

vs. _____

 Employer

 Employer's Street Address

 City, State and Zip Code

 Employer's Phone Number

 Employer's Workers' Compensation Insurance Carrier

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**MEDICAL CARE PROVIDER
 APPLICATION FOR HEARING**

* **Industrial Accident Claim** *

NOTE: Include all supporting documentation
 when this form is filed with the Labor Commission.

****** I request to have a **Claims Resolution Conference**
 scheduled to resolve the issues stated below.

_____ **Yes** _____ **No**

1. Date of Injury _____, 19____ / 20____ at the following location: _____

2. Medical Charges At Issue - Date of services and amount: _____

3. Injury Treated: _____

4. Amount paid already by Insurance Carrier for charges at issue: _____

**(If you need additional space to provide the information requested
 on either side of this form, you may attach additional pages.)**

Date: _____

 Printed Name of Medical Care Provider

 Signature of Medical Provider

 Signature of Attorney for Medical Care Provider

 Street Address of Medical Provider

 Street Address for Attorney for Medical Care Provider

 City/State/Sip Code of Medical Provider

 City/State/Zip Code

 Telephone #

 Telephone #

 Medical Provider

**UNSIGNED OR INCOMPLETE FORMS, AND FORMS NOT INCLUDING SUPPORTING
 DOCUMENTATION WILL BE FILED, BUT RETURNED FOR COMPLETION IN FULL.**

DOCUMENTS WHICH MUST ACCOMPANY THIS FORM

IMPORTANT: *Failure to include completed and signed forms with all requested supporting documentation will result in the Application for Hearing being returned for completion. If the returned Application for Hearing is not completed and refiled with the requested supporting documents within sixty (60) days, the Application for Hearing will be dismissed.*

A. If this Medical Care Application for Hearing involves a dispute over the payment of fees, the medical care provider must provide with this Application for Hearing:

1. The Order issued by the Industrial Accident Division as provided for in Utah Administrative Code R. 612-2-24.C.
2. The medical bills at issue and the supporting treatment or medical service records.

B. If this Medical Provider Application for Hearing involves a dispute concerning the underlying compensability of the workers' compensation claim and the liability of the respondents for same, the medical care provider must provide with this Application for Hearing:

1. **Form 307 Medical Treatment Provider List.** (If you need additional space to list all the medical providers, you may attach an additional sheet.)
2. **Form 308 Authorization to Disclose Health Information.**
3. **Form 113 Summary of Medical Record.** (Medical Care Provider may submit other medical records that provide medical support for the compensability of the underlying workers' compensation claim.)